

## PRTD - Provider Training Detail

This screen is used to display, add or modify training details for a specific person associated to a provider/facility.

```
CAFSPRTD          PROVIDER TRAINING DETAIL          07/06/2016    10:59
USER ID : C74142FS MODIFY
PROV NO : 0001054 001    PROV NAME: FINKLE FOSTER HOME
                        FACIL NAME: FINKLE FOSTER HOME

LICENSEE          : 00001155 002 FINKLE, FRANCINE
TRAINING TYPE     : CPR  CARDIO PULMONARY RESUSCITATION
TRAINING DATE     : 12/15/2009
TRAINING CONDUCTED BY : RED CROSS
LENGTH OF TRAINING : 4 HRS

COMMENTS:

PATH: _
```

**Field Descriptions** (F12) indicates code lookup is available.

### *PROV NO* (F12)

This field will display the provider number of the provider who was entered on the PRTL (Provider Training List) screen.

### *PROV NAME*

This field will display the name of the provider whose ID is entered in the PROV NO field.

### *FACIL NAME*

This field will display the name of the facility whose ID is entered in the PROV NO field.

### *LICENSEE* (F12)

Enter the CAPS ID (first field) or licensee number (second field) of the person who completed the training.

### *TRAINING TYPE* (F12)

Enter the type of training that was completed.

**TRAINING DATE**

Enter the date the training was completed.

**TRAINING CONDUCTED BY**

Enter the name of the individual, group or agency who conducted the training. *This is a free-form text field.*

**LENGTH OF TRAINING**

Enter the length of the completed training (in hours).

**COMMENTS**

Enter any free-form text comments regarding the entered training.

**Additional Information**

None.